SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS PILED DEP. IND. DEP. DEP. IND. DEP. IND. DEP. Ų.  $\mathcal{D}$ ε δ g (j)  $oldsymbol{\mathbb{U}}$ Ø8 The state of the state of 44 .  $\langle 1 \rangle$ TOTAL TOTAL OMAY BE USED FOR ADDITIONAL CLARE OR ARL . IDECENTO Potons and Tradomort Office